48988

IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 17095 DATE 9-24-93 TAX MAP NO. 5E-2-A-98

OWNER OR CONTRACTOR Dennis Green PHONE: Business Home 528-3979

ADDRESS Rt 7 Box A471 W Statesville LOCATION 70E to TR Triplett Rd to TL water moss Rd to TR Winding Arbor 2nd on left 2nd lot on left

SUBDIVISION Willow Ridge BLOCK / SECTION I LOT 98 LOT AREA 1.06 SITE CLASS. PS L.T.A.R. .35

Water Supply: ☑ Individual ☐ Community ☐ Public

Septic Tank: 1000 Gallons: STB 794 Date 8-10-93

Pump Tank: Gallons: PT Date

Nitrification Field: No. Fields 1 Square Feet 1035 Linear Feet 345

No Lines 4 Trench Width 36 Trench Depth 18+36 Gravel Depth 12

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Conv. Gravity

Repair System Description: " "

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home ☑ Mobile Home ☐ Business ☐ Other

No. Bedrooms 3 No. Bathrooms 2 No. Employees

☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Garbage Disposal: ☐ Yes ☑ No

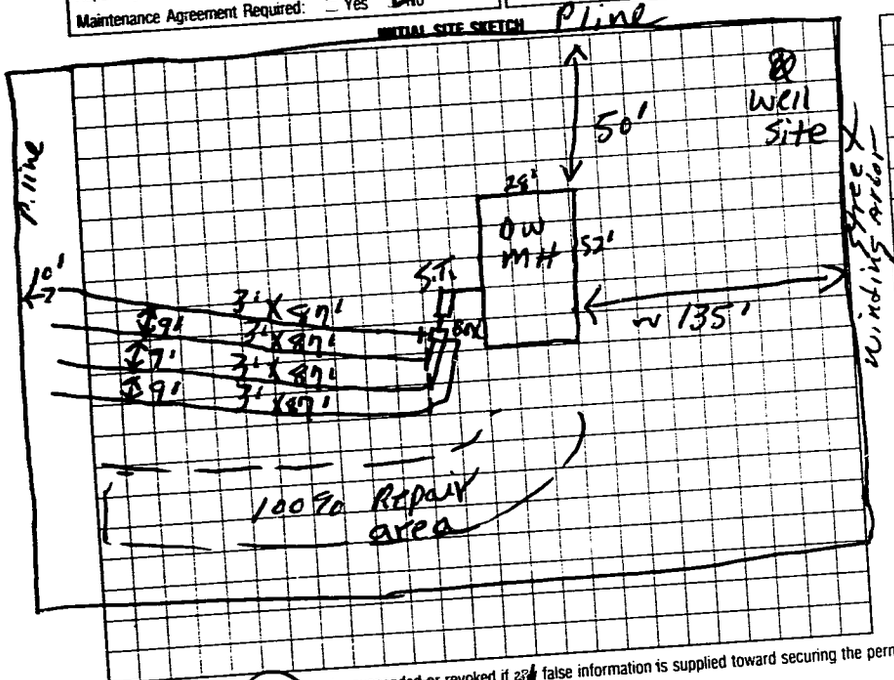
Auto. Dishwasher: ☐ Yes ☑ No

Auto. Washing Machine: ☑ Yes ☐ No

Other

Comments

INITIAL SITE SKETCH



AS BUILT SKETCH

Same as initial sketch

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system

Improvement Permit is valid for 60 months from date of issuance.

Signed: [signature] date 9-24-93

Improvement Permit by: J.C. moore date

Existing System Inspection by: date

Installed by: Dellinger ST Co

Certificate of Completion by: J.C. moore date 10-19-93

Operation Permit by: date

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD